

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 01-16	2. STATE Louisiana
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE November 21, 2001	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

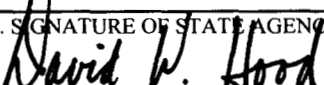
6. FEDERAL STATUTE/REGULATION CITATION: 1902(a) (10) (C) (i) of the Act; 42 CFR 435.840-.845; Section 1902(r) (2) of the Act; Section 1931 of the Act.	7. FEDERAL BUDGET IMPACT: a. FFY <u>2002</u> <u>\$ 251.83</u> b. FFY <u>2003</u> <u>\$ 306.04</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.6-A, Page 16 Attachment 2.6-A, Page 22 Supplement 2 to Attachment 2.6-A, Page 7 Supplement 8b to Attachment 2.6-A, Page 1 Supplement 16 to Attachment 2.6-A, Page 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 91-23) Same (TN 93-21) Same (TN 97-16) Same (TN 91-23) Same (TN 98-20)

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to provide for the elimination of consideration of resources in determining Medicaid eligibility for Low Income Families with Children and child related Medically Needy Programs.**

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

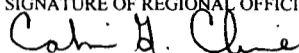
☒ OTHER, AS SPECIFIED: **The Governor does not review state plan material.**

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: State of Louisiana Department of Health and Hospitals 1201 Capitol Access Road PO Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME: David W. Hood	
14. TITLE: Secretary	
15. DATE SUBMITTED: December 20, 2001	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/28/01	18. DATE APPROVED: 02/22/02
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 11/21/01	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Calvin G. Cline	22. TITLE: Associate Regional Administrator Division of Medicaid and State Operations

23. REMARKS:

State: LOUISIANA

Citation

Condition or Requirement

5. Methods for Determining Resources

a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children).

(1) In determining countable resources for AFDC-related individuals, the following methods are used:

(a) The methods under the State's approved AFDC plan; and

■ (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.

(2) In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

STATE <u>Louisiana</u>	A
DATE REC'D <u>12-28-01</u>	
DATE APP'D <u>02-22-02</u>	
DATE EFF <u>11-21-01</u>	
HCFA 179 <u>LA-01-16</u>	

TN No. 01-16

Supersedes

Approval Date 02-22-02 Effective Date 11-21-01

TN No. 91-23

HCFA ID: 7985E

State: LOUISIANA

Citation	Condition or Requirement
	7. <u>Resource Standard - Medically Needy</u>
1902 (a) (10) (C) (i) of the Act	a. Resource standards are based on family size. b. A single standard is employed in determining resource eligibility for Aged, Blind, and Disabled. c. In 1902 (f) States, the resource standards are more restrictive than in 7.b. above for -- ___ Aged ___ Blind ___ Disabled <u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., <u>Supplement 2</u> so indicates.
1905 (p) (1) (D) and (p) (2) (B) of the Act	8. Resource Standard - Qualified Medicare Beneficiaries and Specified Low-Income Medicare Beneficiaries For qualified Medicare beneficiaries covered under section 1902 (a) (10) (E) (i) of the Act and specified low-income Medicare beneficiaries covered under section 1902 (a) (10) (E) (iii) of the Act, the resource standard is twice the SSI standard.
1905 (s) of the Act	9. Resource Standard - Qualified Disabled and Working Individuals For qualified disabled and working individuals covered under section 1902 (a) (10) (E) (ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is twice the SSI resource standard.

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HCFA 179 <u>LA-01-16</u>	

TN No. 01-16 Approval Date 02-22-02 Effective Date 11-21-01
Supersedes
TN No. 93-21

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

RESOURCE LEVELS (Continued)

B. MEDICALLY NEEDY

Applicable to Aged, Blind, and Disabled -

- ☐ Except those specified below under the provisions of section 1902 (f) of the Act.

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	<u>\$2000</u>
<u>2</u>	<u>\$3000</u>
<u>3</u>	<u>\$3025</u>
<u>4</u>	<u>\$3050</u>
<u>5</u>	<u>\$3075</u>
<u>6</u>	<u>\$3100</u>
<u>7</u>	<u>\$3125</u>
<u>8</u>	<u>\$3150</u>
<u>9</u>	<u>\$3175</u>
<u>10</u>	<u>\$3200</u>
For each additional person	<u>\$25.00</u>

*** Child related Medically Needy Programs-No resource limit. See Supplement 8b to Attachment 2.6-A, Page 1

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DATE EFF <u>11-21-01</u>	
HCFA 179 <u>LA01-16</u>	

TN No. 01-16 Approval Date 02-22-02 Effective Date 11-21-01
Supersedes
TN No. 97-16

Revision: HCFA-PM-91-4 (BPD)
August 1991

SUPPLEMENT 8b to ATTACHMENT 2.6-A
Page 1
OMB No. : 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

MORE LIBERAL METHODS OF TREATING RESOURCES
UNDER SECTION 1902 (r) (2) OF THE ACT

☐ Section 1902 (f) State

☒ Non-Section 1902 (f) State

The Bureau of Health Services Financing eliminates the consideration of resources in determining Medicaid eligibility for the Low Income Families with Children and the child related Medically Needy Programs.

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HCFA 179 <u>LA-01-16</u>	

TN No. 01-16

Supersedes

Approval Date 02-22-02

Effective Date 11-21-01

TN No. 91-23

HCFA ID: 7985E

— The agency applies higher resource standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

X The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

The Bureau of Health Services Financing eliminates the consideration of resources in determining Medicaid eligibility for Low Income Families with Children.

The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

- 1) Burial insurance, funeral plans, or funeral agreements are exempt from countable resources.
- 2) Cash surrender values of life insurance policies are exempt from countable resources.
- 3) Equity value up to \$10,000 of one vehicle used for transportation is exempt from countable resources.
- 4) Remaining resource methodologies in effect as of July 16, 1996

X The agency terminates medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements.

— The agency continues to apply the following waivers of provisions of Part A of title IV in effect as of July 16, 1996, or submitted prior to August 22, 1996 and approved by the Secretary on or before July 1, 1997.

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HCFA 179 <u>LA-01-16</u>	

TN# 01-16 Approval Date 02-22-02 Effective Date 11-21-01
Supersedes
TN# 98-20



**DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services**

Calvin G. Cline

Associate Regional Administrator, Medicaid and State Operations

1301 Young Street, Room 827
Dallas, Texas 75202
Phone (214) 767-6301
Fax (214) 767-0270

February 22, 2002

Our Reference: SPA-LA-01-016

Mr. Ben Bearden, Director
Bureau of Health Services Financing
Department of Health and Hospitals
Post Office Box 91030
Baton Rouge, Louisiana 70821-9030

Dear Mr. Bearden:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under transmittal number (TN) 01-016. The purpose of this amendment is to eliminate the consideration of resources in determining Medicaid eligibility for Low Income Families with Children and child related Medically needy programs.

Based upon the original submission and the additional clarifying information that you provided, transmittal number 01-016 is approved effective November 21, 2001. A copy of the HCFA-179, Transmittal Number 01-016 dated December 20, 2001 is enclosed along with the approved plan pages.

If you have any questions, please contact Joe Reeder at 214-767-4419.

Sincerely,

Calvin G. Cline
Associate Regional Administrator
Division of Medicaid and State Operations

Enclosure

